

2/27/07

10/022859

2072

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		1					51						
10 2		1					52						
10 3							53						
10 4							54						
10 5							55						
10 6							56						
10 7							57						
10 8							58						
10 9							59						
11 10							60						
11 11							61						
11 12							62						
11 13							63						
11 14							64						
11 15							65						
11 16							66						
11 17							67						
11 18		1					68						
11 19							69						
11 20							70						
11 21							71						
11 22							72						
11 23							73						
11 24							74						
11 25							75						
11 26							76						
11 27							77						
11 28							78						
11 29							79						
11 30							80						
11 31							81						
11 32							82						
11 33							83						
11 34							84						
11 35							85						
11 36							86						
11 37							87						
11 38							88						
11 39							89						
11 40							90						
11 41							91						
11 42							92						
11 43							93						
11 44							94						
11 45							95						
11 46							96						
11 47							97						
11 48							98						
11 49							99						
11 50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						

